

Zoom Consent to Treat / Release

For long distance video consultations and personal work, Ms. Lisa Schwarz uses encrypted video conferencing software from Zoom. Her Business Associate Agreement with Zoom Video Communications complies with relevant Federal and State confidentiality standards, including, but not limited to, the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”). The Health Insurance Portability and Accountability Act (“HIPAA”) protects the medical information and records of patients and may apply to information disclosed during the course of the counseling process.

By signing below, I consent to the use of video personal work and consulting and agree that Ms. Lisa Schwarz will not be liable for disclosures in violation of HIPAA resulting from video counseling. I further agree that I will not seek to hold Ms. Schwarz liable for any such violations and that I personally bear the risk of disclosure of my protected medical information and records.

My electronic signature represents that I have read, understood and agree to all the above terms and conditions.

Signature: _____

Date: _____

www.comprehensiveresourcemodel.com

Office: 412-552-0984

Zoom: JCCharlieinc@yahoo.com (HIPAA approved encrypted account)